

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213563410			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: RFG Survey Association, Incorporated</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F1199423</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 530 GAY STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: KNOXVILLE, TN 37902</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ANGELA PERRIN TITLE: PRESIDENT ADDRESS: 340 LOCH LOMOND DR ST. JOHN'S ,NB,E2L 4,CANADA CITY/ST/ZIP/CO: , , FN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANGELA PERRIN TITLE: PRESIDENT ADDRESS: 340 LOCH LOMOND DR ST. JOHN'S ,NB,E2L 4,CANADA CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANGELA PERRIN TITLE: PRESIDENT ADDRESS: 340 LOCH LOMOND DR ST. JOHN'S ,NB,E2L 4,CANADA CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: FRANK C. LENSKI TITLE: PRESIDENT ADDRESS: 11350 RANDOM HILLS ROAD SUITE 800 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRANK C. LENSKI TITLE: PRESIDENT ADDRESS: 11350 RANDOM HILLS ROAD SUITE 800 CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: FRANK C. LENSKI TITLE: PRESIDENT ADDRESS: 11350 RANDOM HILLS ROAD SUITE 800 CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME: JOHN BRAEUTIGAM TITLE: CHAIRMAN ADDRESS: ONE VALERO WAY CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: NICK ECONOMEDIES TITLE: TC CHAIRMAN ADDRESS: 6001 BOLLINGER CANYON RD CITY/ST/ZIP/CO: SAN RAMON, CA 94563 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NICK ECONOMEDIES TITLE: TC CHAIRMAN ADDRESS: 6001 BOLLINGER CANYON RD CITY/ST/ZIP/CO: SAN RAMON, CA 94563	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: John Askounis TITLE: SECRETARY ADDRESS: 3010 Briarpark Dr, PWC1321 CITY/ST/ZIP/CO: HOUSTON, TX 77042 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: John Askounis TITLE: SECRETARY ADDRESS: 3010 Briarpark Dr, PWC1321 CITY/ST/ZIP/CO: HOUSTON, TX 77042	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Askounis TITLE: SECRETARY ADDRESS: 3010 Briarpark Dr, PWC1321 CITY/ST/ZIP/CO: HOUSTON, TX 77042	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	GREG KAMLA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	TWO HOUSTON CTR 909 FANNIN ST		
CITY/ST/ZIP/CO:	HOUSTON, TX 77002		
NAME:	BILL BEVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1100 LOUISIANA, STE 5500		
CITY/ST/ZIP/CO:	HOUSTON, TX 77002		
NAME:	KENNETH BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1800 WEST LOOP, STE 1700		
CITY/ST/ZIP/CO:	HOUSTON, VA		
NAME:	RICHARD COBB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3001 OCEAN DRIVE		
CITY/ST/ZIP/CO:	VERO BEACH, FL 32960		
NAME:	MEREDITH EARLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 LONG RIDGE RD SUITE 3E01		
CITY/ST/ZIP/CO:	STAMFORD, CT 06902		
NAME:	Randy Roehl	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 SYLVAN WAY, SECOND FLOOR		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054		
NAME:	ROBERT FOGUTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	205 SHUMAN		
CITY/ST/ZIP/CO:	NAPERVILLE, IL 60563		
NAME:	Ryan Murphy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	73 Broad Street		
CITY/ST/ZIP/CO:	RED BANK, NJ 07701		
NAME:	PATRICK NEIL GUNN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6500 TOWBRIDGE		
CITY/ST/ZIP/CO:	TOWBRIDGE, VA		
NAME:	DUANE HALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 MARKET STEET		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		
NAME:	JUDY HIGGERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1293 ELDRIGE PKWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77077		

NAME:	GENE HUGHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 W. SAM HOUSTON PKWY, STE 700		
CITY/ST/ZIP/CO:	HOUSTON, VA		
NAME:	ROBERT INGALLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5 TEK PARK		
CITY/ST/ZIP/CO:	999 HAMILTON RD BREINIGSVILLE, PA 18031		
NAME:	TED JASTAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	539 S. MAIN		
CITY/ST/ZIP/CO:	FINLEY, OH 45810		
NAME:	SHUZO KATO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4 EMBACADERO CENTER		
CITY/ST/ZIP/CO:	SAN FRANCISCO, VA		
NAME:	BERNIE KELLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 SOUTH STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02254		
NAME:	VANCE KLAGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O 2917		
CITY/ST/ZIP/CO:	WICHITA, KS 67221		
NAME:	BETTY MCCONAGHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 MELVILLE RD		
CITY/ST/ZIP/CO:	NEW YORK, VA		
NAME:	SANDY MCDOWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4111 E. 37TH ST.		
CITY/ST/ZIP/CO:	WICHITA, KS 67201		
NAME:	Joe Barker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12700 WHITEWATER		
CITY/ST/ZIP/CO:	MINNENTONKO, MN 55343		
NAME:	DANIEL MERTENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 CONCORD PLAZA		
CITY/ST/ZIP/CO:	SAN ANTONIO, VA		
NAME:	STEVE MOYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 SOUTHWEST BLVD		
CITY/ST/ZIP/CO:	TULSA, OK 74107		

NAME:	STEVE PAPAEO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 HESS PLAZA		
CITY/ST/ZIP/CO:	11TH FLOOR WOODBIDGE, NJ 07095		
NAME:	ANGELA PAVLU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1111 BAGBY ST.		
CITY/ST/ZIP/CO:	STE 2060 HOUSTON, TX 77002		
NAME:	ROGER PETERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 RED BLUFF RD		
CITY/ST/ZIP/CO:	PASADENA, TX 77506		
NAME:	GINO POLLARI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2000 WESTCHESTER AVE		
CITY/ST/ZIP/CO:	PURCHASE, NY 10577		
NAME:	PAUL RIPPY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	TWO NORTH 9TH STREET		
CITY/ST/ZIP/CO:	ALLENTOWN, PA 18101		
NAME:	Marko Hirvensalo	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2000 W. Sam Houston Pkwy, Ste 750		
CITY/ST/ZIP/CO:	Houston, TX 77042		
NAME:	DENISE ROGERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1401 MCKINNEY - 5 HOUSTON CTR, STE 2375		
CITY/ST/ZIP/CO:	HOUSTON, VA		
NAME:	Marc Means	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5718 Westheimer Road, Suite 1800		
CITY/ST/ZIP/CO:	Houston, TX 77026		
NAME:	TODD THOMAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6907 WEST MARKET ST		
CITY/ST/ZIP/CO:	GREENSBORO, VA		
NAME:	Joaquin Lopez	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12000 LAUDERDALE		
CITY/ST/ZIP/CO:	HOUSTON, TX 77252		
NAME:	BRUCE VARLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15710 JFK		
CITY/ST/ZIP/CO:	HOUSTON, TX 77032		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON WAKINS DIRECTOR 1401 POST RD TRAINER, PA 19061	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG WATEL DIRECTOR 5857 SAN FILIPE HOUSTON, TX 77057	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT WESTON DIRECTOR 1201 LOUISIANA STREET STE 3305 HOUSTON, TX 77002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN WHITE DIRECTOR 60 THREADNEEDLE STREET LONDON, EC2R-, UNITED KINGDOM (GREAT BRITAIN) , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Greg Hebrank DIRECTOR 1111 Fanin Street Houston, TX 77026	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Keith Buchanan DIRECTOR 1818 Market Street, Suite 1500 Philadelphia, PA 19103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ FRANK C. LENSKI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRANK C. LENSKI, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/12/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			